

100 John West Way Aurora, Ontario L4G 6J1 (905) 727-3123 aurora.ca

Delegation Request

This request and any written submissions or background information for consideration by either Council or Committees of Council is being submitted to Legislative Services.

Council or Committee (Choose One) *	Council or Committee Meeting Date * 😭	
Council	2024-6-25	#
Subject *		
Sport Aurora Presentation		
Full Name of Spokesperson and Name of Group or Per	rson(s) being Represented (if applicable) *	
Stephen Forsey Director of Sport Aurora		
Brief Summary of Issue or Purpose of Delegation *		
This is an opportunity to reintroduce Sport Aurora to C for 2024	Council and our Community Programs and inv	volvement
Have you been in contact with a Town staff or Council Yes	member regarding your matter of interest?	*
Full name of the Town staff or Council member with whom you spoke	Date you spoke with Town staff or a Cou	ıncil member
Councilor Ron Weese	2024-4-24	

I acknowledge that the Procedure By-law permits five (5) minutes for Delegations. *

